## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * MARTINEZ MARIA D.				2. Issuer Name and Ticker or Trading Symbol HSN, Inc. [HSNI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Last) (First) (Middle) C/O HSN, INC., 1 HSN DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 02/19/2015						X Officer (give title below) Other (specify below)  Chief Human Resources Officer					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
	LINT PETERSBURG, FL 33729 (City) (State) (Zip)			Tabla I - Nan-Dariyatiya Sacuritias Acan					s Acqui	nired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr. 8)				uired of (D)	d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		ies Following (s)	6. Ownership Form:	7. Nature of Indirect Beneficial
				(Month/Day/Year	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			\ /	Ownership (Instr. 4)
Common \$0.01 per	Stock, par share	r value	02/19/2015		L	V	79.011	1 1	\$ 68.18	2,696.70	02		D	
1 Til 6		0 m		(e.g., puts, calls, w	arrants, op	otions	s, convert	ible secu	ırities)		0 P.	0.11	6 10	14.37
. Title of Derivative Conversion or Exercise Instr. 3)  2.  3. Transaction Date (Month/Day/Derivative Security		an 3A. Deemed Execution Da any		ties Acquired, Disposed of, or Beneficia varrants, options, convertible securities)  5. 6. Date Exercisable 7. T Number and Expiration Date Am of (Month/Day/Year) Und Derivative Sec		7. Ti Amo Unde Secu (Instr	itle and ount of lerlying urities tr. 3 and lerlying little and lerlying urities lerlying ler		9. Number of Derivative Securities Beneficially Owned Following	of 10. 11. Na Ownership Form of Benef ly Derivative Owner	Benefic Owners (Instr. 4			
					Disposed of (D) (Instr. 3, 4, and 5)						Transaction(s (Instr. 4)	(I) (Instr. 4)		
				Code V	(A) (D)	Date Exe	e l rcisable	Expiratio Date	Title	Amount or Number of Shares				
Repor	ting O	wners												

	Relationships						
Reporting Owner Name / Address	Director	rirector 0 Officer Owner		Other			
MARTINEZ MARIA D. C/O HSN, INC. 1 HSN DRIVE SAINT PETERSBURG, FL 33729			Chief Human Resources Officer				

# **Signatures**

/s/ Harold Herman, as attorney-in-fact	03/27/2015
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.